BLANKET PURCHASE ORDER STATE OF MARYLAND

****** STATE OF MARYLAND ***********

BPO NO: 001B9400411 **PRINT DATE:** 05/30/19 **PAGE:** 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

RENTOKIL NORTH AMERICA INC DBA TARGET SPECIALTY PRODUCTS

PO BOX 14084

READING, PA 19612)

ITB: 001IT820976

EXPR DATE: 12/31/19

POST DATE: 04/19/19

REFER QUESTIONS TO:

GWENDOLYN ADAMS (410) 767-7662

GWENDOLYN.ADAMS@MARYLAND.GOV

DISCOUNT TERMS: .

75,828.00

NET 30 DAY

CONTRACT AMOUNT:

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

AGENCY SPECIFIC CONTRACT THE MARYLAND DEPARTMENT OF AGRICULTURE (MDA)

INSECTICIDE MOSQUITO CONTROL PROGRAM ********************

CONTRACT TERM:

THIS IS ONE-YEAR SEASONAL CONTRACT EFFECTIVE APRIL 16, 2019 THROUGH DECEMBER 31, 2019 FOR THE BASE YEAR AND TWO (2) ONE-YEAR OPTIONS. OPTION YEAR ONE BEGINS MARCH 1, 2020 THROUGH DECEMBER 31, 2020. OPTION YEAR TWO BEGINS MARCH 1, 2021 THROUGH DECEMBER 31, 2021.

RENTOKIL NORTH DBA TARGET SPECIALTY PRODUCTS COMPANY NAME:

VENDOR CONTACT: KAREN FROME VENDOR NUMBER: 443-867-0881

VENDEOR ADDRESS: 3630 COMMERCE DRIVE SUTIE 111, HALETHORPE, MD 21227

VENDEOR EMAIL: KAREN.FROME@TARGET-SPECIALTY.COM

AGENCY: MARYLAND DEPARTMENT OF AGRICULTURE (MDA)

AGNCY CONTACT: BRIAN PRENDERGAST

AGENCY ADDRESS: 50 HARRY S. TRUMAN PARKWAY, ANNAPOLIS, MD 21401

AGENCY NUMBER: 410-841-5870

AGENCY EMAIL: BRIAN.PRENDERGAST@MARYLAND.GOV

DELIVERY:

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TERMS (cont'd):

THE CONTRACTOR SHALL SUPPLY THE MDA THE ITEM LISTED FROM THE DATE OF AWARD THROUGH THE ENTIRE CONTRACT TERM. DELIVERED IS REQUIRED SEVEN (7) DAYS AFTER A PURCHASE ORDER IS PLACED BY MDA.

PRODUCT MAY BE SHIPPED AT THE FOLLOWING LOCATIONS: MARYLAND DEPARTMENT OF AGRICULTURE MOSQUITO CONTROL OFFICE 50 S. TRUMAN PARKWAY, ANNAPOLIS, MD 21401 410-841-5870

MARYLAND DEPARTMENT OF AGRICULTURE MOSQUITO CONTROL OFFICE 8071 GREENMEADE DRIVE, COLLEGE PARK, MD 20742 410-841-5870

MARYLAND DEPARTMENT OF AGRICULTURE
MOSQUITO CONTROL OFFICE
27722 NANTICOKE ROAD, UNIT 2, SALISBURY, MD 21801
410-543-6626

MARYLAND DEPARTMENT OF AGRICULTURE MOSQUITO CONTROL OFFICE 43955 COMMERCE AVENUE, HOLLYWOOD, MD, 20636 301-373-4263

CALVERT COUNTY MOSQUITO CONTROL OFFICE 4665 HALLOWING POINT ROAD, PRINCE FREDERICK, MD 20678 410-535-6924

QUANTITY IS AN ESTIMATE AND IS NOT A MAXIMUM OR MINIMUM GUARANTEE.

INVOICE:

THE VENDOR WILL INVOICE TO THE ADDRESS WHERE THE PRODUCT IS REQUESTED AND DELIVERED. VENDOR MUST INCLUDE THE ZIP CODE OF THE COMPANY ADDRESS ON ALL INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT.

THE DEPARTMENT OF GENERAL SERVICES "TERMS AND CONDITIONS" FOR COMMODITY CONTRACTS OVER \$50,000" AND ALL SPECIFICATIONS, TERMS AND CONDITIONS OF SOLICITATION #001B9400376/MDDGS31042994 ARE INCORPORATED HEREIN BY REFERENCE.

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******* STATE OF MARYLAND ********** **PRINT DATE:** 05/30/19 **BPO NO:** 001B9400411 **PAGE:** 03 LINE # STATE ITEM ID U/M UNIT COST $\operatorname{\mathsf{GL}}$ 0001 67545-100025 940,9600 (S)-METHOPRENE (ISOPROPYL (2E, 4E, 7S)-11-METHOXY-3, 7, 11-TRIMETHY-2, 4-DODECADIENOATE) COMMON NAME - METHOPRENE INSECTICIDE TRADE NAME - ALTOSID LIQUID LARVICIDE CONCENTRATE PERCENT BY WEIGHT - (S)-METHOPRENE - 20% INERT INGREDIENT - 80% FORMULATION TO CONTAIN 1.72 LBS/GALLON ACTIVE INGREDIENT. PRODUCT TO BE SUPPLIED IN FIVE (5) GALLON CONTAINERS. NO SUBSTITUTE ESTIMATED AMOUNT TO BE PURCHASED PER UNIT PRICE: 30 GALLONS. CS 0002 37545-100024 476.0000 METHOPRENE INSECTICIDE-ALTOSID BRIQUETS. ESTIMATED AMOUNT TO BE PURCHASED PER UNIT PRICE: UP TO 100 CASES. ____ END OF ITEM LIST ____ THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICA-TIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO. IF THE STATE OF MARYLAND OR OTHER REGULATORY BODY REOUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

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LICENSE NUMBER

BLANKET PURCHASE ORDER STATE OF MARYLAND

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AUTHORIZED BY: _____ DATE: _____